FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

## **Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

Nelaware	
FORM	(Rev. 02/96)
DR-3	
NOTICE OF	
DISSOLUTION	
For Office Use Only	
Comm. # _ / '/4'//	
Indexed so	
Audited	
Computer	
Certified Date of Dissolution	

## **COMMITTEE NAME**

	Official Name of Committee	
·	KOENEKE FOR SUPERVISOR Street	
A State of the sta	1456 227 TH AUE	
JAN 21	003 City, State, Zip Code	
JAN 6 1	GREELET TOWA. 32050	
FLED	Area Telephone Code	
	<u>(563)</u> 925 - 2527	
	Effective date of dissolution:	
	1/16/	
	Peggy G. Koeneke Signature of Treasurer	
	1-16-03	
	Date Signed	

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Required for Candidate's Committee

Date signed

## WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.